

Family Planning of Clallam County  
& The Washington Breast &  
Cervical Health Program Presents

# The Breast Cancer Journey

Side Effects  
Treatment

Diagnosis  
Symptoms

*FREE Training  
for Northwest  
Tribal Health &  
Social Service Staff*

**What you need to know  
about breast cancer to  
help women in your care.**

Limited Travel  
Reimbursement and/or  
Lodging For Tribes  
Located In Counties In  
Puget Sound Komen's  
Service Area:

**Whatcom, Skagit, San Juan,  
Island, Snohomish, King,  
Kitsap, Clallam, Jefferson,  
Mason, Pierce, Thurston,  
Grays Harbor, Pacific,  
and Wahkiakum.**

October 17, 2003 9:00am – 5:30pm

Olympic Medical Center

Linkletter Auditorium 939 Caroline Street, Port Angeles, WA

***Lunch & Resource Kit Provided!***

To Register: Denise Brennan (360) 452-2012  
[dbrennan@familyplanningofcc.org](mailto:dbrennan@familyplanningofcc.org)



Funded by  
The Puget Sound  
Affiliate of the Susan G.  
Komen Breast Cancer  
Foundation



The Washington Breast  
& Cervical Health Program

*Additional Sponsors:*



Family  
Planning  
of Clallam  
County  
Port Angeles,  
Washington

Cancer **Lifeline**



# The Breast Cancer Journey—October 17, 2003

## Olympic Medical Center—Linkletter Auditorium—Port Angeles, WA Registration Form

*(Please Print)*

First Name	Last Name		
Home Address			
City		State	Zip
Email	Home Phone		Work Phone
Job Title:			Fax
Employer & Address:			
<p>Limited funding is available to reimburse participants for mileage and lodging if they are employed as health or social service staff on American Indian reservations in the following counties, which are in the service area of the Puget Sound Affiliate of the Susan G. Komen Breast Cancer Foundation: Whatcom, Skagit, San Juan, Island, Snohomish, King, Kitsap, Clallam, Jefferson, Mason, Pierce, Thurston, Grays Harbor, Pacific, and Wahkiakum counties. Reimbursements for mileage and/or lodging will be granted on a first come—first served basis.</p> <p><i>Seat time stipends are not available for this training. Our funding source can only cover travel expenses.)</i></p> <p><input type="checkbox"/> Reimbursement for travel would enable me to attend this training. Round-trip mileage from my home to Port Angeles is _____.</p> <p><input type="checkbox"/> I need lodging the night before the training. (You will be contacted by staff regarding lodging arrangements.)</p> <p><input type="checkbox"/> Reimburse the _____ tribe for my travel expenses to this training. Contact Person &amp; Address:</p> <p><input type="checkbox"/> Reimburse me personally for my travel expenses to this training.</p>			
Dietary Restrictions or Other Special Needs:			
Participant Signature & Date		Supervisor's Signature & Date (If Required)	